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**Return to Educational Facility Parental Declaration Form**

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| **Child’s name:**  |  |
| **Parent’s/Guardian’s name:**  |  |
| **Principal’s name:** | Mrs Tara Rocca-Houlihan |
| **Name of setting:**  | St James NS |
| This form is to be used when children are returning to the setting after any absence. |
| Declaration: I have no reason to believe that my child has infectious disease and I have followed all medical and public health guidance with respect to exclusion of my child from educational facilities.    Signed: Date:  |

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